

06/27/2014

Montana Sentinel Laboratory Response Time Drill

On June 17, 2014, the Montana Public Health Laboratory (MTPHL) conducted a required, yearly emergency contact drill with our thirteen certified sentinel clinical laboratories. These certified laboratories were designated through our sentinel laboratory certification program (see the [January 2013 issue](#) and [April 2013 issue](#) of the Montana Laboratory Sentinel for more information). Laboratories responded to a checklist of criteria that included capacity and capabilities, biosafety and access to a biological safety cabinet, trained personnel, and compliance with select agent rules and regulations.

The purpose of this drill was to ensure a timely and effective response to incidents of public health significance by promoting rapid communication between the MTPHL and the sentinel laboratories. The performance measure for this drill was defined as the time for at least one staff member at the sentinel clinical laboratory to acknowledge receipt of an urgent message from the CDC Public Health Emergency Preparedness (PHEP)-funded Laboratory Response Network biological (LRN-B) laboratory, the MTPHL.

The urgent message was distributed via e-mail, using the contact information for the Laboratory Manager and Microbiology Supervisor that are on file with MTPHL as part of the Sentinel Laboratory Checklist. Recipients were asked to respond by e-mail as soon as they read the message.

46% (6 of the 13 certified sentinel laboratories) responded to the message within 4 hours of receipt of the message. At the end of the drill, there was an overall response rate of 69% (9 of 13 laboratories responded). This is what we learned:

- More than one communication method is needed to distribute information about incidents of public health significance; an unannounced e-mail may not be the best method of communication.
- Sentinel laboratory contact information needs to be routinely updated

If there has been contact information changes among your sentinel laboratory staff, or if you are interested in becoming a certified sentinel laboratory, please contact Lana Moyer, Laboratory Biopreparedness Specialist at lmoyer@mt.gov.

Collection and Transport Kits for Preparedness

Over the past few years, MTPHL has distributed three different preparedness kits designed to aid in safe, consistent collection and transport of water, blood and urine, and potential suspicious substances.

These kits have been pre-positioned throughout the state for use in emergencies. The public health and emergency preparedness (PHEP) contacts in each jurisdiction maintain a database that includes the locations of these kits, and jurisdictions have plans in place for the transport of samples to the MTPHL.

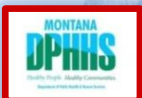
1. The Rapid Toxic Screens Transport kit consists of two white boxes intended for transport of human blood (shipped cold) and urine (shipped on dry ice) to the LSB for forwarding to CDC for Rapid Toxic Screens, in the event of a large scale chemical exposure. CDC must authorize the shipment, but can screen for over 100 chemical toxins. County PHEP contacts have been tasked with collaborating with hospitals in their jurisdictions to educate providers on the symptoms of possible chemical exposure, and to ensure that supplies for collecting and properly shipping these specimens are available, if needed.
2. The Drinking Water Emergency Sampling (DWES) kit includes containers and instructions that would be used to collect water samples in the event of a water tampering incident.
3. The Chemical/Biological Agent Transport (CBAT) kit is intended for use by first responders to collect suspicious samples that pose an immediate threat to public health or safety.

More details about these kits, and additional information about laboratory preparedness, can be found on our [website](#). If you have further questions, please contact the LSB at 800-821-7284.

Updates from the MT
Laboratory Services
Bureau

800-821-7284

www.lab.hhs.mt.gov



Montana Communicable Disease Weekly Update

Release date: 6/27/2014



DISEASE INFORMATION

Summary – MMWR Week 25 - Ending 6/21/2014 Preliminary disease reports received at DPHHS during the reporting period June 15–21, 2014 included the following:

- **Vaccine Preventable Diseases:** Influenza hospitalizations* (2), Pertussis (9)
- **Invasive Diseases:** (0)
- **Enteric Diseases:** Campylobacteriosis (4), Cryptosporidiosis (1), Salmonellosis (2), Shiga-toxin producing *E. coli* [STEC] (2)
- **STD/HIV:** Chlamydia (52) , Gonorrhea (4), Syphilis (0), HIV** (0)
- **Hepatitis:** (0)
- **Vector-borne Diseases:** Colorado Tick Fever (1)
- **Animal Rabies:** (0)
- **Travel Related Conditions:** (0)
- **Zoonotic Conditions:** Brucellosis (1)

* Weekly updated Montana Influenza Summary is included as link in the Influenza section of this update.

** A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

HOT TOPICS

Montana Gonorrhea Update: From January 1 to June 21, **145** gonorrhea cases have been reported, more than half the 224 cases reported in 2013. Nearly 80% of the cases in 2014 are from seven counties (Figure). County cases include cases reported on American Indian reservations that lie within the county's borders. The table shows the monthly trend of cases reported in each county. Nine cases were the most reported in any single month. Some counties have reported sporadic cases, but more concerning are counties that are reporting a high number of cases each month and counties reporting an increase in successive months.

Figure: Gonorrhea cases by county —
Montana, Jan 1, 2014–June 21, 2014

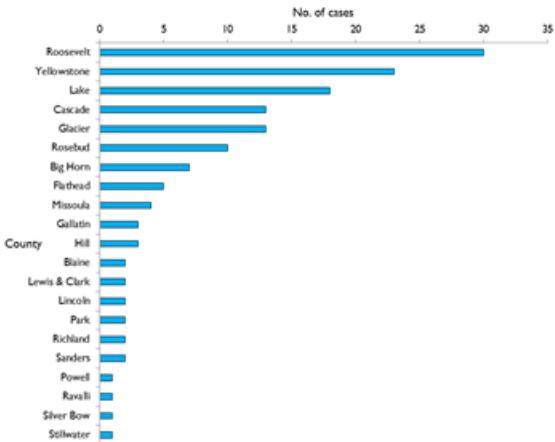


Table: Counties reporting gonorrhea cases by month* —
Montana, Jan 1, 2014–June 21, 2014

County	J	F	M	A	M
Roosevelt	■	■	■	■	■
Yellowstone	■	■	■	■	■
Lake	■	■	■	■	■
Cascade	■	■	■	■	■
Glacier	■	■	■	■	■
Rosebud	■	■	■	■	■
Big Horn	■	■	■	■	■
Flathead	■	■	■	■	■
Missoula	■	■	■	■	■
Gallatin	■	■	■	■	■
Hill	■	■	■	■	■
Blaine	■	■	■	■	■
Lewis & Clark	■	■	■	■	■
Lincoln	■	■	■	■	■
Park	■	■	■	■	■
Richland	■	■	■	■	■
Sanders	■	■	■	■	■
Powell	■	■	■	■	■
Ravalli	■	■	■	■	■
Silver Bow	■	■	■	■	■
Stillwater	■	■	■	■	■

* January cases include cases reported at the end of December but are counted in MMWR year 2014.

FDA and CDC Investigation of Multistate Outbreak of E. coli 0121 Infections linked to Clover Sprouts: Montana has now had two confirmed cases associated with this outbreak. “The FDA and [CDC](#) are warning consumers not to eat raw clover sprouts produced by Evergreen Fresh Sprouts LLC of Moyie Springs, Idaho. Sprouts grown by this firm were linked to a multi-state outbreak of Escherichia coli (E. coli) O121 in May. The firm has reported further production and distribution of sprouts grown from the same seed lot that was associated with the outbreak. Sprouts from this seed lot may still be in the marketplace.” More information can be found at

<http://www.fda.gov/Food/RecallsOutbreaksEmergencies/Outbreaks/ucm398536.htm>

Collaborative Petting Zoo Campaign: The July issue of *Montana One Health* that coincides with the collaborative Petting Zoo campaign. Please feel free to feature in the weekly update. Thanks!

<http://www.dphhs.mt.gov/publichealth/onehealth/July2014.PDF> Please see our prevention materials for the general public, fair operators and sanitarians here www.dphhs.mt.gov/publichealth/pettingzoo. DPHHS and the Department of Livestock are collaborating in this campaign to prevent illnesses associated with animal exhibits. We already reached out to sanitarians, extension agents and fair operators for their help. Materials were sent to fairs all over Montana. Let's have fun this year and stay healthy when handling animals!

2013-2014 Influenza Season: The final Montana Influenza Summary is attached and now online at

<http://www.dphhs.mt.gov/influenza/documents/MTFluReporting13-14.pdf>

INFORMATION/ANNOUNCEMENTS

ACIP Recommends Preference for LAIV (nasal spray flu vaccine) over IIV (flu shot) in children 2-8 years of age: “On June 25, 2014, the Advisory Committee on Immunization Practices (ACIP), a panel of immunization experts that advises the Centers for Disease Control and Prevention (CDC), voted to recommend a preference for using the nasal spray flu vaccine (LAIV) instead of the flu shot (IIV) in healthy children 2-8 years of age when the nasal spray flu vaccine is immediately available.” More information can be found in the attached on this issue.

HIV Testing Information: National HIV Testing Day is today (see press release located at -

<http://www.dphhs.mt.gov/newsevents/newsreleases2014/june/hiv.shtml>), but on any given day providers need to be aware of the changes that have been occurring in HIV diagnostics over the last few years. The Montana Public Health Laboratory (MPHL) notes: When screening for HIV infection, you should think about using the testing method that will provide the best result for your client. HIV diagnostics continue to improve, and using a 4th generation combo assay to detect both p24 antigen and HIV1 and HIV2 antibodies will further reduce the window period between infection and detection, and will allow for the detection of acute infections, when HIV antigen is present, but antibodies are not yet detectable. During the acute infection phase, patients have high viral loads and are most infectious, so early detection is a good tool in decreasing the spread of HIV. Remember that, by state rule, when performing HIV screening, a positive HIV test must have a serum specimen submitted to the MT PHL for confirmatory testing. <http://www.mtrules.org/gateway/ruleno.asp?RN=37%2E114%2E313>

OTHER RESOURCES

Pertussis: <http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml>

Hantavirus: <http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml>

Ticks: <http://www.dphhs.mt.gov/publichealth/ticks/index.shtml>

Mold: <http://www.dphhs.mt.gov/publichealth/cdepi/mold.shtml>

Water safety: <http://www.dphhs.mt.gov/publichealth/rwii/>

24/7 AVAILABILITY

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>